

**Approval for  
Use of Foreign Flag Carrier**

Use this form when a foreign flag air carrier or vessel is used for travel or transport of personal effects.  
After ICD signatures are obtained, send this form and a copy of the travel order and itinerary to the Chief, Operations Accounting Branch, TP, DFM, OD, Building 31, Room B1B50.

Name of Traveler		ICD
Name(s) of Foreign Flag Air Carrier or Vessel Used		Flight Identification Number(s) <i>(if applicable)</i>
Description of Personal Effects Transported <i>(if applicable)</i>		Freight <i>(if applicable)</i>
Point(s) of Departure on Foreign Flag Carrier	Destination(s)	Date(s) of Travel or Shipment
Name of OBER Official or American Carrier Contacted		Date Contacted
Reason for Using a Foreign Flag Carrier		

Signature of Traveler		Title or Position of Traveler	Date
Executive Officer's Signature			Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Chief, Operations Accounting Branch, TP, DFM, OD <i>(Signature)</i>		Date